

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☒ Declaration Submitted With Initial Filing **OR** ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	149459.00002
First Named Inventor	Bodo Gerold
COMPLETE IF KNOWN	
Application Number	TBA
Filing Date	TBA
Art Unit	TBA
Examiner Name	TBA

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

RADIO-OPAQUE MARKER FOR MEDICAL IMPLANTS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **09/07/2004** as United States Application Number or PCT International

Application Number **PCT/EP2004/010062** and was amended on (MM/DD/YYYY) **06/22/06** (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
103 61 942.9	DE	12/24/2003	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> The address associated with Customer Number: 25207		OR <input type="checkbox"/> Correspondence address below	
Name Jason A. Bernstein, Powell Goldstein LLP			
Address 1201 West Peachtree Street, NW			
City Atlanta		State Georgia	ZIP 30309-3488
Country	Telephone	Email	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Bodo		Family Name or Surname Gerold	
Inventor's Signature <i>Bodo Gerold</i>			Date 12 th May 2006
Residence: City Zellingen	State	Country Germany	Citizenship German
Mailing Address Thüngenstrasse 38a			
City Zellingen	State	Zip 91225	Country Germany
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Claud		Family Name or Surname Harder	
Inventor's Signature <i>Claud Harder</i>			Date 16 th May 2006
Residence: City Uttenreuth	State	Country Germany	Citizenship German
Mailing Address Memelstrasse 7			
City Uttenreuth	State	Zip 91080	Country Germany
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Bend		Heublein (deceased)	
Inventor's Signature		Date	
Hannover	State	Germany	German
Residence: City		Country	Citizenship
Albrechtstrasse 2			
Mailing Address			
Hannover	State	D-30627	Germany
City		Zip	Country
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Heinz		Müller	
Inventor's Signature		Date	
Erlangen		Germany	
Residence: City	State	Country	German
Stubenlostrasse 14d			
Mailing Address			
Erlangen	State	91054	Germany
City		Zip	Country
Name of Additional Joint Inventor, If any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
			Citizenship
Mailing Address			
City	State	Zip	Country

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION Supplemental Sheet **For Legal Representatives (35 U.S.C. 117) On Behalf of A Deceased or Incapacitated Inventor**

Enter Deceased or Incapacitated Inventor's Name Bernd Heublein

Page 1 of 1

Name of Legal Representative:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Eva		Heublein	
Legal Representative's Signature <i>Eva Heublein</i>		Date <i>15th April 2007</i>	
Residence: City	Coburg	State	Country Germany
Mailing Address		German Citizenship	
Wassergasse 4			
Mailing Address			
Coburg		96450	Germany
City		Zip	Country
Name of Additional Legal Representative, if any:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Nora		Heublein	
Legal Representative's Signature <i>Nora Heublein</i>		Date <i>April 17th, 2007</i>	
Residence: City	Koeln	State	Country Germany
Mailing Address		German Citizenship	
Oetlandstrasse 50			
Mailing Address			
Oetlandstrasse 50			
City	Koeln	50858	Germany
	State	Zip	Country
Name of Additional Legal Representative, if any:		<input type="checkbox"/> A petition has been filed for this non-signing legal representative	
Given Name (first and middle (if any))		Family Name or Surname	
Christoph		Heublein	
Legal Representative's Signature <i>Christoph Heublein</i>		Date <i>15th April 2007</i>	
Residence: City	Hannover	State	Country Germany
Mailing Address		German Citizenship	
Albrechtstrasse 2			
Mailing Address			
Albrechtstrasse 2			
City	Hannover	30627	Germany
	State	Zip	Country

This collection of information is required by 35 U.S.C. 117 and 37 CFR 1.42, 1.43, 1.63 and 1.64(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-785-9199) and select option 2.